## PATENT APP ATION FEE DETERMINATION REC

Application or Docket Number

		CLAIMS A	4S FILED	- PART I	1	••						
_			(Cotur			Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
U.S	. NATIONAL	STAGE FEES	<u> </u>			•		RATE	FEE		RATE	FEE
BAS	SIC FEE		SWALL EX		LARC	GE ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE	
EXA	MINATION FE	E	Satisfies PCT (4) = \$5	0/\$ 100		her situations = 100 / \$ 200		EXAM FEE	100		EXAM FEE	ز ،
SEARCH FEE			U.S. is ISA = . ALL other o \$ 200/	ountries =		her situations = 250 / \$ 500		SEARCH FEE	200		SEARCH FEE	4.5
FEE	FOR EXTRA S	PEC. PGS.	mi	nus 100 =		<i>1</i> 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			8 11	ninus 20 =	• -			X \$ 25 =		OR	X \$ 50 =	<del> </del>
INDE	EPENDENT CL	AIMS	2	minus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
		DENT CLAIM PRI						+\$180=		OR	+ \$ 380 =	<u> </u>
* If	the difference	in column 1 is	less than zer	ro, enter 10	r in co	lumn 2		TOTAL	450	OR	TOTAL	
CLAIMS AS AMENDED - PART [] (Column 1) (Column 2) (Column 3)								SMALL E	NTITY .	OR	OTHER '	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 8	Minus	- 20		= /		X \$ 25 =		ЮR	X \$ 50 =	
AME	independent	. 2	Minus	3	?	3		X \$ 100 =	. /	OR	X \$ 200 = .	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	. /	OR	+ \$ 360 =	/
  -								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	/
	<del></del>	(Column 1)		(Colum		(Column 3)	-	· .	· ·			.•
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID I	BER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT	Total	*	Minus			=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	<u> </u>	Minus	444		=	L	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$360=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	If the "Highest Nu	ımn 1 is less than the Imber Previously Pai	id For" IN THIS S	SPACE is less	s than 20	7, enter "20".		!				
444	If the "Highest Nu	imber Previously Paid mber Previously Paid	id For IN THIS S	SPACE is less	than '3',	, enter "3",	in the	appropriate box	in column 1			